## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)  FOR SE OF FORM 24/48			
	OF COMMITTEE (In Full) NCERNED AMERICAN VOTERS	FEC IDENTIFICATION NUMBER ▼  C C00525899	
Check if Z 24-hour report 48-hour report Mew report Amends report filed on Amends report fi			
	ull Name of Payee 360		Date of Public Distribution/Dissemination
N	failing Address PO Box 37046		Amount
С	State State	Zip Code	1553.88
	Baltimore MD	21297	Transaction ID : WFT20144161412-1 Date of Disbursement or Obligation
	urpose of Expenditure List purchase	Category/ Type	05 / 09 / 2014
N	lame of Federal Candidate	Support	Office Sought: X House District: 02
5	Smith Bryan	Oppose	President Senate State: ID
	Calendar Year-To-Date Per Election for Office Sought	1553.88	Disbursement For:
	full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination
N	Mailing Address 11237 Davenport St Ste 110B		Amount
C	Dity State	Zip Code	671.00
	Omaha NE	68156	Transaction ID : WFT20144161414-1 Date of Disbursement or Obligation
	Purpose of Expenditure Phone minutes	Category/ Type	05 / 15 / Y Y Y Y Y
N	lame of Federal Candidate	X Support	Office Sought:
15	Smith Bryan	Oppose	President Senate State: ID
	Calendar Year-To-Date Per Election for Office Sought	3160.20	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
		nically Filed] Date	05 16 2014
	Signature		